Application Requirements

Your application package comprises all of the following and must be submitted at the address provided.

- your curriculum vitae, including all the information requested;
- a signed academic endorsement from the student affairs office at your medical or veterinary school;
- a personal statement of 300 words maximum, typewritten and double-spaced, which addresses
 - why you want to participate in the Epidemiology Elective rotation;
 - if you have experience in epidemiology or public health (not necessarily applied epidemiology or public health, but please provide details of your experience);
 - how you anticipate using the skills gained in the Epidemiology Elective rotation;
 and
 - your career plans after your medical or veterinary school training.
- two letters of reference from someone who knows you professionally and with whom you have recently worked. One letter must be from a faculty member of your school. These letters should be mailed directly from the person recommending you to the attention of the Epidemiology Elective Program Coordinator at the address provided.

Application Deadline

The Epidemiology Elective program staff will select candidates twice per year.

For students electing rotations September–December

All application materials, including letters of reference, must be postmarked by March 30 of the applicant's junior year. These students will be notified by mid-July, or as soon as selections have been made.

For students electing rotations January-June

All application materials, including letters of reference, must be postmarked by May 30 of the applicant's junior year. These students will be notified by the mid-September, or as soon as selections have been made.

Mail your entire application package to

Program Coordinator, Epidemiology Elective Program Student Programs, Career Development Division Centers for Disease Control and Prevention 1600 Clifton Road, NE, Mailstop E-92 Atlanta, GA 30333

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STANDARD INFORMATION TO INCLUDE IN THE CURRICULUM VITAE FOR APPLICATION TO THE EPIDEMIOLOGY ELECTIVE PROGRAM FOR MEDICAL AND VETERINARY STUDENTS

Personal	Inform	ation
Personal	HILLOTIN	21 I CHI

- Full Name
- Date of Birth
- Social Security Number
- Mailing Address
- Telephone number(s)
- Fax number (if available)
- E-mail address
- Country of Citizenship (if U.S. Permanent Resident, please specify A Number)
- Current year of medical or veterinary school (*Select one*): Freshman, Sophomore, Junior, Senior
- Period in which you want to participate in the elective (*Please designate a period of at least 6 weeks*):

teast 6 weeks):				
First Choice:	From: To:			Year: Year:
Second Choice:	From: To:			Year: Year:
Education List all institutions attende • Years attended • Name of institution • Location (city and state of the control of th	ate) type of de	gree or diplon	na received or exp	ected
Employment Experienc List all paid employment Dates employed: Fro Job title, organization Duties, accomplishm Average hours per we	after high m n or agencents, response	Γο y, and location		
Internship or Clerkship List all internship and cle most recent. Dates: From T Job title, organization Duties, accomplishm Average hours per we	erkship exp To n or agence ents, response	periences after y, and location		uation, beginning with the

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Volunteer or Community Service Activities

List all volunteer and community service experiences, including activities in civic, professional, or political organizations not listed under other categories.

- Name of organization
- Dates: From _____ To ____
- Degree of participation: duties, accomplishments, responsibilities
- Average hours per week

Proficiencies

List proficiencies acquired in the following areas and rate your skill level by using the terms *Excellent*, *Good*, or *Fair*.

- Languages: spoken and written
- Computer programs: word-processing, graphics, spread sheets, statistical packages, database management (specifically, Epi-InfoTM [CDC, Atlanta, Georgia])
- Laboratory or research skills
- Other relevant proficiencies

Honors and Awards

List honors and awards received after high school.

- Type of honor
- Name of organization
- Date received

Research and Publications

If published, provide reference information

• List date of research or publication title and date.

Please include all information requested and indicate where you heard about the Epidemiology Elective Program at CDC.

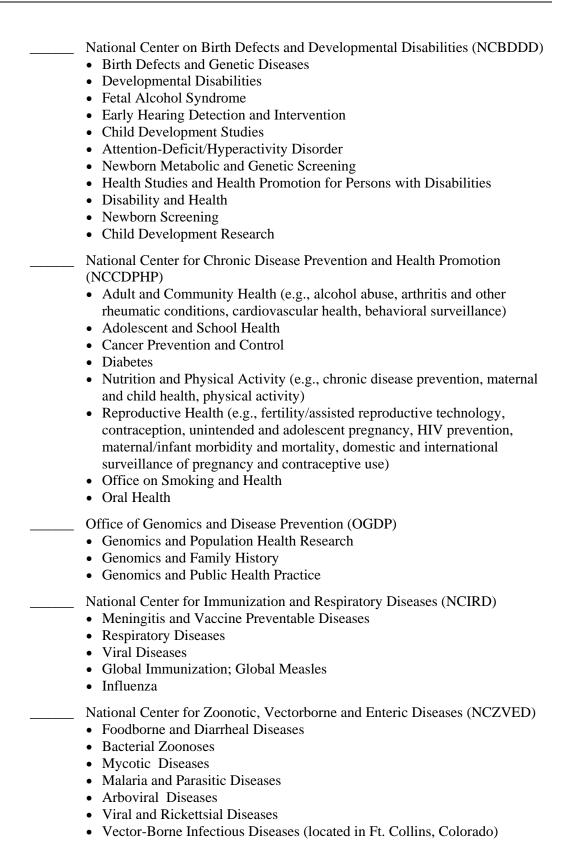
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Epidemiology Elective Assignment Request

e following options, please select the one that applies to you. We will use these ces to assist us in locating an assignment for you.
I want to participate in the Epidemiology Elective in the following program areas. (You must choose five program areas. Please rank them in the order of preference. All assignments are based in Atlanta, unless otherwise indicated).
 National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR) Air Pollution and Respiratory Disease (e.g., asthma, molds) Health Studies (e.g., outbreaks of chemical or toxin exposures, terrorism-related diseases, waterborne diseases) Natural Disasters Environmental Health Tracking Water and Food Sanitation and Security Refugee Health/War-Related Injuries Childhood Lead Poisoning Prevention Application of Geographic Information Systems and Computer Modeling Emergency Event Surveillance and Response Environmental Health Tracking Exposure and Disease Registries Exposure Assessment and Health Investigations Health Studies Assessing Exposure-Outcome Associations Surveillance of Chemicals or Other Hazardous Substances
 National Center for Injury Prevention and Control (NCIPC) Acute Care, Rehabilitation Research, and Disability Prevent Unintentional Injury Prevention Home and Recreational Injuries (e.g., falls, bicycle safety, sports) Transportation Injuries (e.g., motor vehicles, alcohol, older drivers) Violence Prevention (e.g., youth violence, suicide, intimate-partner violence, sexual violence, child abuse and neglect)
 National Institute for Occupational Safety and Health (NIOSH) Note: assignments with NIOSH might be available at their locations in Cincinnati, Ohio, Morgantown, West Virginia, Anchorage, Alaska, or Denver, Colorado. Occupational Respiratory Diseases (e.g., silicosis, asthma, coal workers' pneumoconiosis) Occupational Injuries (e.g., falls, electrocutions, intentional injury, machine-related injury, and motor-vehicle fatalities) Surveillance and Field Investigations General Occupational Diseases (e.g., cancer, reproductive effects, ergonomics) Health Hazard Evaluations Surveillance Industry-Wide Studies

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• Health-Related Energy Research



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National Center for Preparedness, Detection and Control of Infectious
Diseases (NCPDCID)
 Emerging Infections and Surveillance Services
 Arctic Investigations Program (Anchorage, Alaska)
 Bioterrorism, Preparedness and Response
 Global Migration and Quarantine
Healthcare Quality Promotion
National Center for HIV/AIDS, Viral Hepatitis, STDs, and Tuberculosis Prevention (NCHHSTP)
HIV/AIDS Prevention
• Viral Hepatitis
Sexually Transmitted Diseases
Tuberculosis Elimination
Global AIDS Program
I have no area of preference.
I have a special request. I want to be assigned with
 (Name of mentor)
In the office of
(Name of assignment)

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